



If spousal consent is not required, you may update beneficiary information by logging in to your account at www.capitalgroup.com.

Important: The beneficiaries named on this form will replace any existing beneficiary information listed on your account. You must specify ALL Primary and Contingent Beneficiaries on this form even if you are changing only one beneficiary.

1 Account information

First name of IRA owner MI Last Address City State ZIP Email address* Daytime phone

Check here to update the mailing address on your account(s).

The beneficiary designation below only applies to the following account(s) or plan ID(s):

*Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Beneficiary designation

We encourage you to consult a professional regarding the tax-law and estate planning implications of your beneficiary designation. All stated percentages must be whole percentages (e.g., 33%, not 33.3%).

Notes: • Your spouse may need to sign in Section 3. If you wish to name more than one trust or entity, customize your designation or need more space, attach a separate page.

• If you name a trust as beneficiary, provide the full legal name of the trust. Example: "The Davis Family Trust."

A. Primary Beneficiary(ies): If any designated Primary Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiaries unless otherwise indicated.

1. First name MI Last name Suffix

OR Name of trust or other entity (print)

Address City State ZIP

Spouse* Child of owner Other person Trust Other entity Date of birth or trust (mm/dd/yyyy) SSN/TIN Whole % only

2. First name MI Last name Suffix

Address City State ZIP

Spouse* Child of owner Other person Date of birth (mm/dd/yyyy) SSN Whole % only





2 Beneficiary designation

(continued)

3. _____
 First name MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____
 Date of birth (mm/dd/yyyy) SSN _____ Whole % only %

Important: Section 2-A must be completed prior to completing Section 2-B.

B. Contingent Beneficiary(ies): If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies). If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Contingent Beneficiaries unless otherwise indicated. If no Contingent Beneficiaries survive me, assets will be paid according to the Custodial Agreement default designation.

1. _____
 First name MI Last name Suffix

OR _____
 Name of trust or other entity (print)

 Address City State ZIP

Spouse* Child of owner Other person Trust Other entity _____
 Date of birth or trust (mm/dd/yyyy) SSN/TIN _____ Whole % only %

2. _____
 First name MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____
 Date of birth (mm/dd/yyyy) SSN _____ Whole % only %

3. _____
 First name MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____
 Date of birth (mm/dd/yyyy) SSN _____ Whole % only %

4. _____
 First name MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____
 Date of birth (mm/dd/yyyy) SSN _____ Whole % only %

* By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.





3 Spousal consent to beneficiary designation — if required

If you are married to the IRA owner named in Section 1, and he or she designated a Primary Beneficiary(ies) other than you, please consult your financial professional about the state-law and tax-law implications of this beneficiary designation, including the need for your consent.

I am the spouse of the individual named in Section 1, and I expressly consent to the beneficiary(ies) designated in Section 2 or attached. I acknowledge that neither the custodian nor any affiliate of the custodian shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with this IRA Beneficiary Change form.

Name of spouse (print) Signature of spouse Date (mm/dd/yyyy)

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

4 Signature of IRA owner — required

I have expressly selected the beneficiary(ies) listed in Section 2 or attached. I acknowledge that neither the custodian nor any affiliate of the custodian shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with this IRA Beneficiary Change form.

Signature of IRA owner Date (mm/dd/yyyy)

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



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Carmel, IN 46032-9181



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For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.

